

Submission Date

Please fill out as completely as possible.

APPLE MD

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NAME OF PROSPECT _____

STREET _____

CITY _____

PHONE NUMBER _____

E-MAIL _____

A-AGE (Date of Birth) _____

P- Physical Condition _____ Ht _____ Wt _____

P-Prior Service? Yes _____ No _____

***L**-Law Violations? Yes _____ No _____

If yes, please list _____

E-Education (Highest Grade Completed) _____

M-Marital Status _____

D-Dependents (Number of Dependents) _____

NAME OF MEMBER SUBMITTING LEAD _____

UNIT _____ COMMENTS: _____

Please return this form to your unit who in turn will forward it directly to the Recruiting & Retention Command -50 Maple Street Milford, MA 01757